



Fiscal Year 2015

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
**REQUEST FOR QUALIFICATIONS (RFQ)**

<b>Project category:</b> (select all that apply)	<input type="checkbox"/> Public Services
	<input type="checkbox"/> Community/Economic Development
	<input type="checkbox"/> Capital Improvement

**RFQ Number:**  
(CDBG Program Office Use Only)

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## A. APPLICANT AGENCY INFORMATION

### 1. GENERAL AGENCY INFORMATION

Agency legal name:				
Agency administration address:				
Agency satellite address, if applicable:				
Agency satellite address, if applicable:				
Type of agency:	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Other:
Tax ID number:		Date of incorporation:		
Agency DUNS number:		Years of operation:		

#### HEAD OF AGENCY CONTACT INFORMATION

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	

#### HEAD OF FISCAL CONTACT INFORMATION

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	

#### RFQ CONTACT INFORMATION

Name:	
Title:	
Address:	
Phone number:	
E-mail address:	

**Agency mission statement:**

Type your response here.

## 2. Current Target Population Information

<i>Check all that apply:</i>	<input type="checkbox"/> Seniors	<input type="checkbox"/> Youth
	<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Homeless
	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Persons with Mental Illness
	<input type="checkbox"/> Victims of Domestic Violence	<input type="checkbox"/> Victims of Child Abuse
	<input type="checkbox"/> Victims of Other Crime	<input type="checkbox"/> Illiterate Adults
	<input type="checkbox"/> Migrant Farm Workers	<input type="checkbox"/> Organizations
	<input type="checkbox"/> Targeted Neighborhoods/Communities	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Renters	<input type="checkbox"/> Landlords

## 3. Current Service Delivery Information

<i>Check all that apply:</i>	<input type="checkbox"/> Individuals	<input type="checkbox"/> Households	<input type="checkbox"/> Businesses	<input type="checkbox"/> Organizations	
	<input type="checkbox"/> Counseling/Case Management	<input type="checkbox"/> Employment Training/Services			
	<input type="checkbox"/> Shelter Services	<input type="checkbox"/> Legal Services			
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Health Services			
	<input type="checkbox"/> Tutoring/Homework Assistance	<input type="checkbox"/> Educational Services			
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Transportation Services			
	<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Informational/Referral Services			
	<input type="checkbox"/> Recreational Services	<input type="checkbox"/> Public Safety Services			
	<input type="checkbox"/> Neighborhood Services	<input type="checkbox"/> Street Improvements			
	<input type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Lead Based Paint/Hazards Assessments			
	<input type="checkbox"/> Energy Efficiency Improvements	<input type="checkbox"/> Lead Based Paint/Hazards Abatements			
	<i>Other Service Types:</i>				

## 4. Current Service Location/Project Site Information

<i>Service Location/Project Site 1:</i>	
<i>Service Location/Project Site 2:</i>	
<i>Service Location/Project Site 3:</i>	
<i>Service Location/Project Site 4:</i>	
<i>Service Location/Project Site 5:</i>	
<i>Service Location/Project Site 6:</i>	
<i>Service Location/Project Site 7:</i>	
<i>Service Location/Project Site 8:</i>	
<i>Service Location/Project Site 9:</i>	
<i>Service Location/Project Site 10:</i>	

<i>Neighborhoods/Communities Served:</i>	
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*Provide a roster of the members of your agency's Board of Directors and their professions by filling out the table below:*

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## B. APPLICANT AGENCY CAPACITY

### 1. Financial Information

a. Agencies are required to submit the following fiscal documents, as listed on the RFQ Submittal Checklist and detailed in the RFQ Handbook:

- 1) Most current copy of Agency's Single Audit (if required) or Audited Financial Statements with Unqualified Opinion – not required for Non-Governmental Agencies
- 2) Most current signed copy of Agency's Federal Tax Form 990 – not required for Non-Governmental Agencies
- 3) Most current signed copy of Agency's State Tax Form 199 – not required for Non-Governmental Agencies
- 4) Assurance of Audit Requirements (original signature required)
- 5) Agency's Financial Management Procedures
- 6) Agency's Procurement Policy

The above documents will be reviewed to determine whether an agency is solvent and has enough available cash to take a CDBG project from beginning to end in the twelve (12) or eighteen (18) months allowed and whether an agency has adequate financial management for federal funding.

b. Provide your agency's total operating budget::

Agency 's Final FY13/CY12 Operating Budget:

Agency's Current FY14/CY13 Operating Budget:

c. Has your agency received other federal funds (non-City of San Diego federal funding) in any of the past four fiscal years (Fiscal Years 2011 through 2013)? If yes, complete the following table(s).

☐

Yes

☐

No

Funding Source (FS) Title	FS Contact Name	FS Contact Phone Number	Funded Project Name	Year Funded	Award Amount	Total Amount Expended

**NOTE:** CDBG Staff will review internal records to determine project compliance and accomplishments of agencies awarded with CDBG or other federal funds by the City of San Diego for Fiscal Years 2011 through 2013.

## 2. Agency Experience

- a. Briefly highlight your agency's experience and major accomplishments in providing services to Low to Moderate Income (LMI) City residents and/or City communities funding. (Refer to the RFQ Handbook for references on the current HUD Income Limits and current eligible Census Tracts to assist you with your assessment of (LMI) determinations.)

[Type your response here.]

- b. Does your agency have direct experience in providing the proposed CDBG activities listed in Section C. Proposed Project Category Information?

☐

Yes

☐

No

**If Yes, respond to #1-4**

1. When?

2. How long?

3. Total federal funds expended for duration listed in 2.b.2. above?

4. Total non-federal funds expended for duration listed in 2.b.2. above?

**If No, respond to #5**

5. Specify what steps/plans your agency will implement to demonstrate capacity to conduct the proposed CDBG activities listed in Section C. Proposed Project Category Information.

[Type your response here.]

- c. List the evaluation tools your agency currently employs to track and monitor the progress of the services and/or activities utilizing CDBG and/or other federal funds.

[Type your response here.]

d. *How does your agency currently ensure compliance with federal policy and procedural requirements?*

[Type your response here.]

### 3. Staffing

a. *Submit current **organizational charts** for the entire agency and for specific divisions/sections that will administer your agency's proposed CDBG activities (see RFQ Submittal Checklist).*

b. *Submit resumes of key executive or management staff (see RFQ Submittal Checklist). Resumes must include the following:*

1. Title
2. Tenure at current position
3. Main responsibilities
4. Experience, skills and education

c. *Submit resumes of staff members designated to have financial oversight of CDBG expenditures, fiscal compliance and/or reporting responsibilities for your agency's proposed CDBG activities (see RFQ Submittal Checklist). Resumes must include the following:*

1. Title
2. Tenure at current position
3. Main responsibilities
4. Specific experience, skills and education related to fiscal oversight, fiscal compliance and/or preparation and compilation/completion of reimbursement requests and other fiscal reports

d. *Submit resumes of staff members designated to have direct project management/administration oversight, program compliance and/or reporting responsibilities for your agency's proposed CDBG activities (see RFQ Submittal Checklist). Resumes must include the following:*

1. Title
2. Tenure at current position
3. Main responsibilities
4. Specific experience, skills and education related to program oversight, program compliance and/or preparation and compilation/completion of program reports

e. <i>If your agency is awarded FY 2015 CDBG funding, does your agency intend to hire additional staff to implement and complete the proposed CDBG activities listed referenced in this RFQ?</i> <b><i>If yes, respond to the following:</i></b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
1. <i>How many?</i>				
2. <i>List position titles</i>				

**NOTE:** In the RFP process, agencies will be asked to certify that there were no changes in the staffing information provided in this section. If changes do occur for the RFP process, your agency will need to resubmit Section B.3. Staffing portion of this RFQ. The re-submittal will be evaluated to confirm the agency's "Qualified" status before the RFP will be reviewed.

**C. PROPOSED PROJECT CATEGORY INFORMATION****1. Public Services Projects:**

*a. Briefly describe each proposed Public Services Project for which your agency is requesting CDBG funding:*

[Type response here.]

*b. Target population(s):*

*c. Target area(s):*

*d. Estimated budget:*

*e. Estimated number to be served:*

**2. Community/Economic Development Projects:**

*a. Briefly describe each proposed Community/Economic Development Project for which your agency is requesting CDBG funding:*

[Type your response here.]

*b. Target population(s):*

*c. Target area(s):*

*d. Estimated budget:*

*e. Estimated number to be served:*



### 3. CIP-Housing Rehabilitation Projects:

<b>a. Check all that apply:</b>	
<input type="checkbox"/>	Single Units (owned)
<input type="checkbox"/>	Single Units (rented)
<input type="checkbox"/>	Multi-Units (affordable housing rental units)
<input type="checkbox"/>	Multi-Units (non-affordable housing rental units)
<input type="checkbox"/>	Multi-Units (agency-owned; client housing)
<input type="checkbox"/>	Multi-Units (leased by agency; client housing)
<input type="checkbox"/>	Project to be proposed will require relocation of households

**b. Briefly describe each CIP-Housing Rehabilitation Project for which your agency is requesting CDBG funding:**

[Type your response here.]

<b>c. Will your agency's proposed CDBG project require relocation of households and/or clients:</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>d. Target population(s):</b>				
<b>e. Target area(s):</b>				
<b>f. Estimated budget:</b>				
<b>f. Estimated number to be served:</b>				

### 4. CIP-Public Facilities/Infrastructure Improvements Projects:

<b>a. Check all that apply:</b>	
<input type="checkbox"/>	Agency-owned property
<input type="checkbox"/>	City-owned property; Leased by Agency
<input type="checkbox"/>	Privately-owned property; Leased by Agency
<input type="checkbox"/>	Public Right-of-Way Improvements
<input type="checkbox"/>	Street Improvements
<input type="checkbox"/>	Water/Sewage Improvements
<input type="checkbox"/>	Current lien on property
<input type="checkbox"/>	Property acquired with CDBG funds
<input type="checkbox"/>	Property acquired with HOME funds
<input type="checkbox"/>	Property acquired with other federal funds
<input type="checkbox"/>	Project to be proposed will require relocation of clients and/or client services

*b. Briefly describe each CIP-Public Facilities/Infrastructure Improvements Project for which your agency is requesting CDBG funding:*

[Type your response here.]

<i>c. Will your agency's proposed CDBG project require relocation of households and/or clients:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<i>d. Target population(s):</i>				
<i>e. Target area(s):</i>				
<i>f. Estimated budget:</i>				
<i>g. Estimated number to be served:</i>				